



June 2, 2011

Honorable Kathleen Sebelius Secretary of Health and Human Services Department of Health and Human Services Centers for Medicare & Medicaid Services Attention: CMS-1345-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850

Re: Response to the proposed regulation implementing the Accountable Care Organizations (ACOs) provision of the Affordable Care Act (ACA), *Medicare Program; Medicare Shared Savings Program:*Accountable Care Organizations, published on April 7, 2011 [Fed. Reg. Vol. 76, No. 67, pp. 19528 – 19654].

Dear Madame Secretary:

The American College of Foot and Ankle Surgeons (ACFAS) represents over 6,300 board certified or board qualified podiatric foot and ankle surgeons (Doctors of Podiatric Medicine - DPMs). We seek to partner with HHS and CMS to put patient safety first as our nation continues to strive for high quality, efficient and effective healthcare. ACFAS offers the following comments on the proposed ACO regulation:

- ACFAS encourages the Secretary of Health and Human Services to include podiatric foot and ankle surgeons (DPMs),
  who are either board qualified or board certified by the American Board of Podiatric Surgery (ABPS), to be included in
  definition of an 'ACO professional' or healthcare provider. The definition used for providers recognized in CMS' Patient
  Quality Reporting System (PQRS) would be appropriate since it is also dealing with improving care while reducing
  costs.
  - o Podiatric foot and ankle surgeons (DPMs) are and want to continue to be an active and supportive part of the new patient-centered care delivery model, aimed at improving patient care quality, efficiency and savings.
  - DPMs provide proven value in this equation through the provision of highly effective and efficient care, treating disorders related to the foot, ankle, and related structures.
  - O DPMs perform timely surgical interventions that salvage limbs, correct adult and pediatric deformities, advanced wound healing techniques, and correct issues related to bunions, hammertoes and forefoot conditions. This care is integral in reducing hospital stays, keeping patients active and helping to bring overall healthcare costs down.
  - Outcomes data shows DPMs provide high-volume, quality, safe, and cost-effective care, especially related to chronic conditions like diabetes. Since more of the U.S. population is expected to be diagnosed with diabetic mellitus (the CDC says 1 in 10 adults currently have it and that number could triple in 40 years), peripheral arterial disease and other high risk lower extremity ailments over the coming years, DPMs will continue to be a valued partner in delivering primary and specialty care to this growing chronic disease and other at-risk populations.
- Many DPMs currently practice in multi-disciplinary group practices with MDs and/or DOs, so limiting the ability of all
  the providers to function efficiently would not be in keeping with the spirit of ACOs and the type of care they aim to
  provide patients.
- DPMs as surgical specialists coordinate care and resources with other medical and surgical disciplines in the best interest
  of our patients. Frequent collaborators include internal medicine, cardiology, endocrinology, vascular surgery and
  dermatology. These partnerships must continue to flourish in the ACO model.

- The rule should not restrict the type of provider allowed to be a part of ACO governance structures (e.g., steering committees) or administration functions. In addition, these structures should not be allowed to vary from state to state.
- DPMs are included in the definition of a supplier. However, the regulation must provide specific guidance, within the Secretary's discretion, in expanding the list of eligible providers and suppliers (based on program qualifications), to allow DPMs to dispense durable medical equipment. This is in contrast to a purely retail supplier of such healthcare supplies and should be treated differently as such. ACFAS urges CMS to use its current dispensing guidelines to achieve maximum efficiencies and savings, and not burden this function with overly restrictive coordination requirements with the primary care provider (PCP).
- CMS should clarify through its regulations how beneficiary assignment will occur within the Secretary's discretion of
  recognizing other providers; specifically, how specialty care will be integrated in underserved and rural areas. DPMs
  should be allowed to retain their current patients for continuity of care management and treatment efficiency. This will
  allow ACOs to obtain maximum efficiencies and enable patients to access safe and high-quality care by providers of
  their choice.
- ACO regulations should utilize a simple approach to 'paperwork' and not overburden healthcare providers when they are seeking relief from anti-trust and required reporting to join and maintain participation in ACOs.
- ACFAS and its members strongly support the increased transparency related to practice and patient information, but ask
  that the regulation clearly articulate how that data will be categorized by medical specialty and shared with patients and
  providers.

Thank you for this opportunity to comment on this crucial role in improving better benefits and better health to all Americans.

Sincerely,

Glenn M. Weinraub, DPM, FACFAS

President

## Who are Podiatric Foot and Ankle Surgeons?

The American College of Foot and Ankle Surgeons (ACFAS) is a professional society of more than 6,300 podiatric foot and ankle surgeons (DPMs). Founded in 1942, ACFAS seeks to promote the art and science of foot, ankle, and related lower extremity surgery, address the concerns of podiatric foot and ankle surgeons, and advance and improve standards of education and surgical skill.

ACFAS member physicians are doctors of podiatric medicine (DPMs) who are graduates of accredited U.S. podiatric medical schools, some of which are affiliated with allopathic medical schools. ACFAS members have completed surgical residency programs of up to four years, and all members are either board certified or board qualified by the American Board of Podiatric Surgery (ABPS), the surgical board of podiatric foot and ankle surgeons is recognized by the Joint Committee on the Recognition of Specialty Boards. Many have additional fellowship training in various aspects of foot, ankle, and lower extremity surgery. All ACFAS members are dedicated to surgical excellence in the treatment of foot, ankle, and lower extremity disorders.